

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>CREDO SUPERPAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00507517		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>Alliance Graphics</b>			Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2012</span>		
Mailing Address 1101 8th Street, Suite 100			Amount <span style="border: 1px solid black; padding: 2px;">544.22</span>		
City Berkeley	State CA	Zip Code 94710	Transaction ID : SE.8839		
Purpose of Expenditure Printing		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: STEVE MR. KING			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">39407.53</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee <b>Carter Printing</b>			Date <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2012</span>		
Mailing Address 1739 E Grand Ave			Amount <span style="border: 1px solid black; padding: 2px;">44.52</span>		
City Des Moines	State IA	Zip Code 50316	Transaction ID : SE.8831		
Purpose of Expenditure Printing		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: STEVE MR. KING			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">26525.54</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;">588.74</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;"> </span>		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Becky Bond</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2012</span></p>					

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)  
**CREDO SUPERPAC**

FEC IDENTIFICATION NUMBER ▼

**C** C00507517

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

**Credo Mobile**

Date

MM / DD / YYYY  
10 / 04 / 2012

Mailing Address 101 Market Street  
Suite 700

Amount

1337.77

City State Zip Code  
San Francisco CA 94105

Transaction ID : SE.8832

Purpose of Expenditure  
Phones

Category/  
Type

Office Sought: ☒ House State: IA  
☐ Senate District: 04  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

STEVE MR. KING

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election  
for Office Sought

27863.31

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

**Matt Denner**

Date

MM / DD / YYYY  
10 / 10 / 2012

Mailing Address 2819 Holcomb Ave

Amount

1125.00

City State Zip Code  
Des Moines IA 50310

Transaction ID : SE.8836

Purpose of Expenditure  
Payroll

Category/  
Type

Office Sought: ☒ House State: IA  
☐ Senate District: 04  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

STEVE MR. KING

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election  
for Office Sought

31925.81

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

2462.77

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

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Becky Bond

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 15 / 2012

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 3 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)  
**CREDO SUPERPAC**

FEC IDENTIFICATION NUMBER ▼

**C** C00507517

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

**Charles Furman**

Date

MM / DD / YYYY  
10 / 10 / 2012

Mailing Address 6100 Beard Ave South

Amount

937.50

City  
Edina

State  
MN

Zip Code  
55410

Transaction ID : SE.8835

Purpose of Expenditure  
Payroll

Category/  
Type

Office Sought:

☒

House

State: IA

☐

Senate

District: 04

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

STEVE MR. KING

Calendar Year-To-Date Per Election  
for Office Sought

30800.81

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

**Impact Dialing**

Date

MM / DD / YYYY  
10 / 05 / 2012

Mailing Address 3543 19th Street

Amount

500.00

City

San Francisco

State

CA

Zip Code

94110

Transaction ID : SE.8833

Purpose of Expenditure  
Phones

Category/  
Type

Office Sought:

☒

House

State: IA

☐

Senate

District: 04

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

STEVE MR. KING

Calendar Year-To-Date Per Election  
for Office Sought

28363.31

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

1437.50

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

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Becky Bond

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 15 / 2012

Signature

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

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PAGE 4 OF 5  
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NAME OF COMMITTEE (In Full)  
**CREDO SUPERPAC**

FEC IDENTIFICATION NUMBER ▼

**C** C00507517

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

**Alec Johnson**

Date

MM / DD / YYYY  
10 / 10 / 2012

Mailing Address 35 Hillside Drive

Amount

1500.00

City State Zip Code  
Delaware OH 43015

Transaction ID : SE.8834

Purpose of Expenditure  
Payroll

Category/  
Type

Office Sought: ☒ House State: IA  
☐ Senate District: 04  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

STEVE MR. KING

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election  
for Office Sought

29863.31

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

**Curtis Morrison**

Date

MM / DD / YYYY  
10 / 10 / 2012

Mailing Address PO Box 391

Amount

937.50

City State Zip Code  
Ames IA 50010

Transaction ID : SE.8837

Purpose of Expenditure  
Payroll

Category/  
Type

Office Sought: ☒ House State: IA  
☐ Senate District: 04  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

STEVE MR. KING

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election  
for Office Sought

32863.31

Disbursement For: ☐ Primary ☒ General  
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

2437.50

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

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Becky Bond

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 15 / 2012

Signature

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Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>NGP VAN</b>		Date MM / DD / YYYY <b>10 / 12 / 2012</b>	
Mailing Address 1101 156h Street, NW		Amount <b>6000.00</b>	
City Washington	State DC	Zip Code 20005	Transaction ID : <b>SE.8838</b>
Purpose of Expenditure Phone Dialer	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>IA</b> District: <b>04</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>STEVE MR. KING</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>38863.31</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>6000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	<b>12926.51</b>

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Becky Bond

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 15 / 2012**